



STATE OF MAINE  
MAINE REVENUE SERVICES  
24 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0024

ADMINISTRATIVE & FINANCIAL  
SERVICE

REBECCA M. WYKE  
COMMISSIONER

John Elias Baldacci  
GOVERNOR

JEROME D. GERARD  
ACTING EXECUTIVE DIRECTOR

**APPLICATION FOR SALE/USE TAX EXEMPTION CERTIFICATE  
FOR AN INCORPORATED NONPROFIT ORGANIZATION OR THEIR AFFILIATES WHOSE  
PURPOSE IS TO PROVIDE FREE CLINICAL ASSISTANCE TO CHILDREN WITH DYSLEXIA**

Name of Corporation \_\_\_\_\_  
Name of Organization \_\_\_\_\_  
Physical Location \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The statute reads, "Incorporated nonprofit organization or their affiliates whose purpose is to provide free clinical assistance to children with dyslexia."

Is the organization incorporated? Yes \_\_\_ No \_\_\_

Send a copy of the articles of incorporation

Has the organization received 501(c) nonprofit status from the IRS? Yes \_\_\_ No \_\_\_

Send a copy of the IRS determination letter indicating 501(c) nonprofit status

IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING MUST BE INCLUDED

1. Copy of the Articles of Incorporation, as well as a copy of the Constitution and/or By-law
2. Copy of the IRS determination letter indicating 501(c) nonprofit status
3. Please forward any publications issued by your organization which would provide details regarding purpose, mission and/or services offered, if applicable.

I hereby certify that \_\_\_\_\_ is an incorporated nonprofit organization. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (16).

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Tel: \_\_\_\_\_

Print Name: \_\_\_\_\_

Fed ID: \_\_\_\_\_

Title: \_\_\_\_\_

Date Facility Opened: \_\_\_\_\_

ST-R-43

